Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                |  |   |                   |                      |                     |                  |    | SMALL ENTITY TYPE  |                        |     | OTHER THAN       |                        |
|---|--|---|-------------------|----------------------|---------------------|------------------|----|--------------------|------------------------|-----|------------------|------------------------|
| TOTAL CLAIMS  |  |   | 105               |                      |                     |                  |    | RATE               | FEE                    |     | RATE             | FEE                    |
| FOR   |  |   | NUMBER FILED      |                      | NUMBER EXTRA        |                  | 8  | ASIC FEE           | 370.00                 | OR  | BASIC FEE        | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                       |  |   | /%/5minus 20= *   |                      |                     | 5-               |    | X\$ 9=             |                        | OR  | X\$18=           |                        |
| IND   | EPENDENT CL  | AIMS                                      | ✓ m               |                      |                     | X42=             |    | OR                 | X84=                   |     |                  |                        |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT            |                      |                     |                  |    | +140=              |                        | OR  | +280=            |                        |
| * If the difference in column 1 is less than zero, enter "(   |  |   |                   |                      |                     | olumn 2          | _  | TOTAL              |                        | OR  | TOTAL            |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |   |                   |                      |                     |                  |    | SMALL E            | ENTITY                 | OR  | OTHER<br>SMALL I |                        |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT          |                   | HIGH<br>NUM<br>PREVI | IEST<br>BER         | PRESENT<br>EXTRA | Γ  | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE             | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                   |                     | =                |    | X\$ 9=             |                        | OR  | X\$18=           |                        |
|   | Independent  | *   | Minus             | ***                  |                     | = .              |    | X42=               |                        | OR  | X84=             |                        |
|   | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DE        | PENDEN               | CLAIM               |                  |    | +140=              |                        | OR  | +280=            |                        |
|   |  |   |                   |                      |                     |                  | L  | TOTAL<br>DDIT. FEE |                        |     | TOTAL            |                        |
|   | (Column 1) (Column 2) (Column 3)   |   |                   |                      |                     |                  |    |                    |                        |     | ADDIT. FEE       |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVI |                     | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE             | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                   |                     | =                |    | X\$ 9=             |                        | OR  | X\$18=           |                        |
|   | Independent  | *   | Minus             | ***                  |                     | =                |    | X42=               |                        | OR  | X84=             |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                   |                      |                     |                  |    | .140-              |                        |     | +280=            |                        |
|   |  |   |                   |                      |                     |                  |    | +140=<br>TOTAL     |                        | OR  | TOTAL            |                        |
|   |  |   |                   |                      |                     |                  | Αľ | DDIT. FEE          |                        | OR  | ADDIT. FEE       |                        |
| _   |  | (Column 1)                                |                   | نحتج في والمساوح     | mn 2)               | (Column 3)       | _  |                    |                        | - 3 |                  |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUM<br>PREVI         | BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE             | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                   |                     | =                |    | X\$ 9=             | - 1                    | OR  | X\$18=           |                        |
|   | Independent  | *   | Minus             | ***                  |                     | =                |    | X42=               |                        |     | X84=             |                        |
| L   | FIRST PRESE  | NTATION OF M                              | ILTIPLE DEPENDENT |                      | CLAIM               |                  | -  |                    |                        | OR  |                  |                        |
|   | If the entry in colu   | mn 1 is lose than t                       | ha ntry in col    | umn 2 writ           | e "0" in co         | lumn 3.          | L  | +140=              |                        | OR  | +280=            |                        |
| **  | * If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1. |   |                   |                      |                     |                  |    |                    |                        |     |                  |                        |